

TALKING PAPER For LINE OF DUTY DETERMINATIONS

LINE OF DUTY DETERMINATION (LOD) FOR INDIVIDUAL RESERVIST:

References: [AFI 36-2910 AFRC Supplement 1](#) (30 Mar 05), [AFRCI 36-3004](#), DODD [1241.1](#) and [1241.2](#), [AFI 41-115](#) (1.5.3.3.3).

POC contact information- Medical Representative:

RMG/DOM

233 N Houston Rd., St 131A

Warner Robins GA 31093

DSN: 497-2315/2421

Commercial: (800) 223-1784 EXT 72315/72421

*FAX: DSN: 497-2349 or (478) 327-2349

*Org Box: AFRC/RMG DOM; email address: afrc.rmghom@afrc.af.mil

Please take the time to read through this talking paper. It contains thorough information to give members a clear understanding of the LOD process.

What is a LOD?

Line of Duty (LOD) is the process the Air Force Reserve uses to determine if an injury/illness/death happened while a member was in a duty status, absent from duty, existed prior to service (EPTS), EPTS- service aggravated, or due to member's misconduct or willful neglect.

Why is This Important?

- Any member who incurs an illness or is injured while in duty status (or traveling directly to or from place of duty) may be eligible for Military Medical Care, Disability Compensation, and/or Medical Evaluation Board (MEB) processing.
- If death was In Line of Duty, dependents may be eligible for entitlements
- Not all injuries and illnesses require an [AF IMT 348](#). A medical administrative determination of in line of duty may be appropriate. (AFI 36-2910 AFRC Supplement 1 (30 Mar 05) paragraphs 2.3, 2.4, 2.6)
- A commander, depending on the member's medical status, may extend or place a member on orders (with member's approval) during the period that they have an LOD pending. The responsibility for authorizing the extension rests with the approval authority of the member's original orders. A Participation Waiver is now required for members with a Mobility restriction indicating member is unqualified for world wide duty. Member's who are issued the waiver are considered "able to perform military duties" and are not entitled to *medical continuation orders*.
- Member's that choose not to be continued on orders, offered by the commander, must sign a letter of understanding, electing to leave active duty and declining medical continuation orders.

- If member can not return to their civilian employment due to a disability caused by military service, he/she may be eligible for incapacitation pay (Reference [AFRCI 36-3004](#), [DoD 1241.1](#), and [DoD 1241.2](#))
- The member may receive medical treatment that is directly related to an in-line of duty injury/illness even when not on a disqualifying profile or not in military status
 - A hard copy of the completed LOD must be presented to the Tri-Care office or MTF to schedule an appointment
 - LOD does not expire and is used for follow-up care for elements associated with that LOD event

How is a LOD documented?

The LOD process is initiated either through an administrative entry in a patient's medical record or with an AF 348 (Informal Line of Duty) by a Military Medical Officer at a Military Treatment Facility (MTF). Copies of the AF 348 should be forwarded to Patient Administration Element/Flight for coordination and routing to the BIMAA. Members may also "hand carry" the form and should ensure a copy is given to MTF LOD POC and Patient Administration Element. BIMAA's will coordinate with Patient Administration Element to route AFRC Form 348, DLC 469, and medical documentation related to the injury or disease to the BIMAA for further processing.

Why would you only need an administrative determination?

Most minor injuries that **do not** require continuous follow up care or long term treatment can be documented by the medical officer on the SF 600 or other official progress forms. *If continuous care is needed then an informal LOD will be initiated.* The SF 600 is filed in the member's medical record and can be used for future VA claims. No additional paperwork is required IF:

- A minor in-line-of-duty condition incurred while in a duty status and is not likely to result in permanent disability, hospitalization, continuing medical treatments, or a request for incapacitation pay.
- The terms "in the line of duty, member on active duty orders (for specified # of days), or inactive duty status" must be noted on the SF 600 by the physician. This will entitle you to future medical care for that condition only.
- The medical officer determines the condition existed prior to service (EPTS) and is not service aggravated. Only the initial medical treatment is covered by the military.

What is an *Informal* Line of Duty?

An AF 348 is initiated by a medical officer when an administrative determination (SF 600) is not sufficient. The physician initiates an Informal Line of Duty Determination by completing the medical portion of the AF 348. The physician provides a narrative description of the member's medical condition, signs the form, but does not make an LOD determination. AFI 36-2910 AFRC Supplement 1, Attachment 2 gives instructions for the AF 348.

The following cases are reasons to initiate (but not limited to) an AF 348 (per AFI 36-2910, Chap1):

- There is a death of a member
- The member's inability to perform military duties for more than 24 hours
- The likelihood of a permanent disability
- Need for continuous medical treatment or treatment in a civilian hospital

- Hospitalization
- Cases involving service aggravated EPTS (Existed Prior to Service) medical conditions
- Medical conditions involving a disease such as coronary artery disease, cancer, diabetes mellitus, etc
- ALL cardiac conditions, including heart attacks, rhythm disturbances, etc
- Where there is a likelihood of a member applying for incapacitation pay or medical continuation orders

What is an Interim Line of Duty?

An Interim Line of Duty Determination is used if the informal/formal LOD cannot be finalized within 7 days, the member is not continued on orders, and it is possible the member requires continuing medical care or is entitled to incapacitation benefits. The Interim LOD:

- Is comprised of the completed medical portion of the AF 348 which must contain the description of the injury, illness, or disease, and the date it occurred.
- Must also have your commander's preliminary finding of your military status at the time the medical condition occurred as well as his/her signature.
- The commander investigates (informal Investigation) the circumstances of the case to determine if the member's injury, illness, disease, or cause of death occurred while the member was absent without authority, was due to the member's own misconduct, or Existed Prior to Service (EPTS) and if so whether or not the medical condition was service aggravated.

What is a Formal LOD?

An *Informal* LOD becomes a *Formal* LOD at the point when the appointing authority (RMG/CC) decides that the case is not clearly established and needs more information. This may be in situations where an injury or illness may have occurred under unusual circumstances or due to member's misconduct, willful neglect, or when the member was absent without authority. At that time an investigating officer will be appointed by the RMG/CC and PM will be notified. The AF 348 will be supplemented with DD 261, Report of Investigation, Line of Duty and Misconduct Status.

What documentation is required to process a LOD?

- Member Checklist
- AF 348 signed by physician and Commander (CC signature done electronically during processing)
- Copy of Orders or AF IMT 40As
- ALL medical documentation (military & civilian) regarding illness, injury, or disease
- DD 2870, Authorization For Disclosure Of Medical Or Dental Information
- RMG Medical Briefing
- RMG Personnel Briefing

Forward all documentation to your BIMAA. The BIMAA will process through HQ RMG/DOM.

When is the AF 348 Finalized?

- RMG/CC, as the designated appointing authority, finalizes all LODs that are incurred in the line of duty and do not have “questionable circumstances” (AFRC Supplement 1 (30 Mar 05) 3.12.1.3)
 - Finalized LOD is routed back to PM for notification letter and distribution to the BIMAA
- For “questionable circumstances,” all packages must first be signed by RMG/CC with recommendations prior to forwarding to higher headquarters for the AFRC LOD board
- The AFRC/LOD board, referred to as the “reviewing authority,” is authorized to finalize line of duty determinations or EPTS – service aggravated
- Finalized LOD determinations are routed back to HQ RMG/DOM to forward to PM for appropriate distribution and notification.

What are “Questionable Circumstances?”

- Death
- Disease processes such as degenerative diseases, joint replacements, all cardiac and coronary artery conditions, cancer, diabetes, immune deficiencies, and other potentially disqualifying conditions.
- Motor Vehicle Accidents
- EPTS
- EPTS – Service Aggravated Conditions

Am I entitled to medical care while my LOD is pending?

YES! IAW DoDI 1241.2 a reserve component member who incurs or aggravates an injury, illness, or disease while in a duty status is authorized medical/dental treatment under U.S.C. 1074(a). The line of duty findings will determine eligibility for continued medical/dental care. Should the final LOD determination be Not In the Line of Duty, then healthcare will be immediately terminated.

What can I do if I am having trouble getting an appointment with the MTF for my approved LOD?

Have the MTF call HQ AFRC/SG Hotline at (888) 577-2561

- Select Option 4, HQ AFRC LOD Verification of Eligibility for Care
- Service Member’s full SSAN will be required
- Hours of operation are Mon – Fri 0700-1700 EST
- AFRC is providing this as a service to MTFs to avoid denial of services for AF Reservists

Do I have to be in a duty status to be seen at an MTF?

No, per AFI 41-115, MTFs are to provide care for approved LODs. Detachments can put a member on an MPA/RPA tour for the days of medical care to cover pay and travel expenses. Alternately, Invitational Travel orders can be requested from your BIMAA or PM to cover the cost of travel only.

Could I be responsible for any medical costs?

YES, Members **MUST** obtain preauthorization from the appropriate medical authority for care at a civilian medical facility; otherwise you may be liable for civilian medical care expenses.

Information on how to obtain preauthorization is on the Military Medical Support Office's (MMSO) website at <http://www.tricare.mil/MMSO/index.cfm>.

Where can I receive medical care with an In-Line Of Duty (ILOD) Determination?

- If a member lives within 40 miles of a Military Medical Treatment Facility (MTF), care will be provided by that facility (any service). Contact the servicing MTF for an appointment. You will need to provide a copy of your ILOD. Per AFI 41-115, 1.9.7.
- If a member lives 40+ miles of a MTF they must obtain authorization from MMSO to receive civilian health care at no expense to the member
- MMSO has a process guide on their website at <http://www.tricare.mil/MMSO/pdf/ProcessGuideMMSO1.pdf> or for questions call (888) 647-6676, ext 3367.

What is the duration of healthcare entitlements of an ILOD/EPTS-Service Aggravated?

Your LOD will not expire. Please always maintain a copy. Medical and dental care shall be provided until the member is found fit for duty, or the injury, illness, or disease cannot be materially improved by further hospitalization or treatment and the member has been separated or retired as a result of a Disability Evaluation System determination.

What is the MMSO?

The Military Medical Support Office is responsible for maintaining LODs and managing civilian health care for Reservists who are not in the catchment area of a MTF. Reservists must forward their ILODs/EPTS-Service Aggravated LODs and other required paperwork to be added to their database. Once in the database, reservists may then request preauthorization for medical care at a [Tricare Network Provider](#).

How do I process a request of eligibility to MMSO?

Once you receive an approved ILOD/EPTS Service-Aggravated LOD you may submit your request to be added to the MMSO database through your BIMAA to HQ RMG/DOM.

Forms needed for submission are:

- Approved LOD
- Copy of Certified Orders or AF IMT 40A
- [MMSO Form 1](#) (filled in completely except for signature in Section III to be signed by HQ RMG/DOM)

Members must use the Tricare Network Provider to designate a provider for medical care on the Form 1. The request will be forwarded to MMSO once HQ RMG/DOM receives all of the forms.

How do I submit a request for preauthorization for medical care at a civilian facility?

Again members must be 40+ miles from any MTF to receive authorization for civilian healthcare from a Tricare Network Provider. MMSO must already have LOD on file to process the request. [MMSO Form 2](#), Pre-Authorization Request for Medical Care must be filled out in its entirety by

the member then forwarded to their BIMAA. The BIMAA will process the request through HQ RMG/DOM.

- Ensure specific medical care requested (e.g. orthopedic visit w/3 f/u visits, etc) is listed in block 13 of the MMSO Form 2.
- Once all documentation has been received by MMSO a pre-authorization will be issued to HQ RMG/DOM within 7 working days.
- MMSO Customer Service Representative can be contacted at (888) 647-6676, ext 3367

How do I receive care if I am separated from the Military?

Members are eligible for care at their local Veterans Affairs (VA).

How long does it take to process a LOD?

An informal LOD will take up to 30 days to process. If a formal investigation is requested by the RMG/CC or higher headquarters, an additional 30 days may be necessary.

Can I have a final LOD reinvestigated?

Only if new and significant evidence indicates the likelihood of an error. The reinvestigation may be limited to address only those issues raised by new evidence. The member must do so within 45 days of receipt of a copy of the final determination.

Definitions

In Line of Duty – The illness, injury, disease or its aggravation, or death occurred while the member was in a duty or direct travel status, and was not due to the member's own misconduct.

Existed Prior to Service (EPTS)-LOD Not applicable – A medical diagnosis determined that the death, illness, injury, or disease, or underlying condition causing it, existed before the member's entry into military service or periods of service and was not aggravated by service. If it is determined as existed prior to service (EPTS), it is not considered in line of duty. Only the initial treatment is covered by the military. The significant factor is when the condition actually began versus when the symptoms presented themselves.

Existed Prior to Service (EPTS)- service aggravated - A condition that existed prior to a period of military service but was definitively aggravated during a period when the member was in a duty status.

Not In Line of Duty - Due to Own Misconduct - Is a determination with supporting evidence that the circumstances were directly caused by the member's own misconduct regardless of whether the member was absent without authority.

Not In Line of Duty - *Not* Due to Own Misconduct - Is a determination with supporting evidence that the circumstances were not directly caused by member's own misconduct, during a period when a member was absent from duty (to include a deviation from an authorized travel route, to or from duty).

If you have any questions please contact your local BIMAA